

Spec. Code:	2779
Occ. Area:	03
Work Area:	445
Prom. Line:	none
Prob. Period:	6 mo.
Effective Date:	12/16/99

HEALTH CARE COMPLIANCE OFFICER

Function of Job

Under administrative review from a designated administrator, to promote health care compliance related to clinical/business activities of a health care facility and to provide technical expertise in support of coding, billing and medical records documentation.

Characteristic Duties and Responsibilities

1. Audits and verifies charge documents for physician and ancillary services using standardized coding systems, such as ICD-9-CM and CPT for compliance with external and internal guidelines, laws, and regulations
2. Performs charge ticket and medical record chart reviews to confirm compliance with the adequacy of the documentation relative to Medicare and Medicaid guidelines
3. Assists in the development, implementation and monitoring of compliance policies and operating procedures
4. Interacts with physicians and ancillary personnel to resolve problems with specific charges as needed
5. Performs prospective periodic charge and chart reviews of medical providers on an annual basis. Meet with medical providers when results of review warrant change in coding and/or documentation
6. Provides periodic reports, of findings and status of compliance programs and issues, to the institutional Compliance Officer
7. Assists in developing and delivering staff training and education, for faculty physicians, medical residents and staff members, related to coding, billing, medical records documentation, and other issues related to compliance as necessary
8. Assists with investigation of hot line fraud and abuse complaints
9. Functions as the primary person of record who maintains all laws, rules and regulations concerning professional fee billing
10. Represents compliance office as a member of institutional committees
11. performs other related duties as assigned

MINIMUM ACCEPTABLE QUALIFICATIONS

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Certification as a Certified Coding Specialist (CCS) or Certified Coding Specialist-Physician Based (CCS-P) or Accredited Record Technician (ART) or Registered Record Administrator (RRA) by the American Health Information Management Association or certification as a Certified Procedural Coder (CPC) by the American Academy of Professional Coders.

and

2. Any one or any combination of the following:
 - (a) work experience coding complex charge documents for ancillary and physician services using standardized coding systems such as ICD-9-CM and CPT.
 - (b) college coursework in a field directly related to health care.

that totals 1.0 units according to the following conversion rates:

four years of “a” = 1.0 unit

120 semester hours of “b” = .5 unit

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Knowledge of medical technology
2. Knowledge of industry standards such as Medicare/Medicaid and/or Managed Care regulations
3. Knowledge of ICD-9 and CPT coding systems
4. Knowledge of third party reimbursement billing requirements
5. Knowledge of auditing techniques
6. Knowledge of legal and ethical standards of the industry
7. Good oral and written communication skills
8. Proficiency in ICD-9 and CPT coding
9. Ability to effectively develop and present training programs
10. Ability to effectively communicate with individuals at all levels in the institution
11. Ability to interpret State and Federal rules and regulations

12. Ability to work independently
13. Mathematical ability